



PTO/SB/22 (12-04)

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**REQUESTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

09619/100L153-US1

Application Number 10/784,027-Conf. #1726

Filed February 20, 2004

For METHOD OF DRYING THERMOPLASTIC NORBORENE RESIN, AND METHOD OF MANUFACTURING
MAGNETIC RECORDING MEDIUM

Art Unit 1773

Examiner S. A. Resan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above
identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 04-0100 .I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 52,949☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34
Signature

September 6, 2005

Date

Dianna Goldenson
Typed or printed name(212) 527-7700
Telephone NumberNOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more
than one signature is required, see below.☐ Total of 1 forms are submitted.

Express Mail Label No.

Dated: _____